

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/744484
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED AFTER
1st AMENDMENT AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND.					
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TOTAL CLAIM	12	12	12	12	12
PTO-12	(3-78)				

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TOTAL IND.					
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MAY BE USED FOR ADDITIONAL CLAIMS

BEST AVAILABLE COPY